Department of Children and Families

Non-DCF Staff

REGISTRATION FORM

Before you can attend a training class, you must receive confirmation of registration from the Registrar. You will not be permitted to attend training if you have not received confirmation. On the date or training, please be sure to bring a copy of your confirmation and a photo ID.

Please fill out this form completely

A separate form is required for each course you would like to attend.

First Name: _____ Last Name: _____ Phone Number: _____

Agency Name: (*no acronyms)*: _____ Agency Address: _____

Email Address: _____ If LCSW, please enter your license # : _____

Please select the role that best matches the mission or category of your agency:

(check all that apply**)**

- ☐ Youth Services
- ☐ In-Home Services
- ☐ Child Guidance Clinic/OPC/ED
- ☐ Other (explain): _____
- ☐ Education/Training
- ☐ Subsidized Guardianship
- ☐ Private Practice (all forms)
- ☐ Congregate Provider
- ☐ Foster Care/Adoption
- ☐ Community Support (TSS/Mentoring/etc.)

Please select the role that is most suitable for you:

- ☐ Clinician
- ☐ Child Care Worker
- ☐ Child Care Supervisor
- ☐ Program Director
- ☐ Therapeutic Support Staff
- ☐ Teacher/Assistant Teacher/Principal
- ☐ Foster/Adoptive Parent
- ☐ Relative Guardian
- ☐ Behavior Support Staff
- ☐ RN/LPN/APRN
- ☐ Administrator
- ☐ OT/PT/Speech Therapist
- ☐ Administrative Support
- ☐ Case Manager
- ☐ Care Coordinator
- ☐ Mentor
- ☐ Court Appointed Special Advocate (explain): _____
- ☐ Other (explain): _____
- ☐ Attorney - DCF/SCJM
- ☐ Attorney - Parent/Child
- ☐ Guardian Ad Litem

Training Information

Course Title: _____

Date(s) of Training: _____

Time of Training: _____

☐ Please check this box is If you need special accommodations under the Americans with Disabilities Act, and then contact the Division of Diversity and Equity in writing.
Fax your needs to Shirley Amos-Cooper at (860) 723-7201

Please do not send this form to the Division of Diversity and Equity

FAX: (860) 550-6362
MAIL: DCF Provider Academy Registrar
Central Office- 505 Hudson Street
Hartford, CT 06106

OFFICE USE ONLY

Request Approved _____ Request Denied _____ Date Completed _____ Entered By _____